



ONDCP

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Drug Treatment in the Criminal Justice System

As part of ongoing research, the White House Office of National Drug Control Policy (ONDCP) Drug Policy Information Clearinghouse has prepared this fact sheet to summarize correctional system statistics, research, and drug treatment information, as well as information regarding ongoing projects addressing drug abuse treatment in the criminal justice system.

Background

Drugs and drug-using behavior are linked to crime in several ways. It is a crime to use, possess, manufacture, or distribute drugs classified as illegal. The effects of drug-related behavior—violence as the effect of drug

use, robberies to get money to buy drugs, violence against rival traffickers—influence society daily.

In 1999, approximately 6.3 million adults—3.1% of the Nation's adult population—were under correctional supervision (that is, incarceration, probation, or parole).¹ Additionally, 98,913 juveniles (9% of whom were drug offenders) were incarcerated in public or private juvenile facilities for nonstatus offenses.² Drug offenders accounted for 21% (236,800) of the State prison population in 1998, up from 6% (19,000) in 1980,³ and 59% (55,984) of the Federal prison population in 1998, up from 25% (4,749) in 1980.⁴ Also, in 1998, an estimated 26% (152,000) of all inmates under local supervision were incarcerated for drug offenses.⁵ This increase in the drug offender prison population mirrors the steady increase in arrests for drug offenses. The Federal Bureau of Investigation (FBI) reported 580,900 arrests for drug offenses (5.6% of all arrests) in 1980. The number of arrests peaked at 1,559,100 (10.4% of all arrests) in 1997. In 1999, there were 1,532,200 drug arrests, which accounted for 10.9% of all arrests.

Persons under adult correctional supervision, 1999

Federal, State, and local inmate population	1,851,062
Federal and State prisons	1,254,577
Local jails	596,485
Parole	712,713
Federal parole	71,020
State parole	641,693
Probation	3,773,624*
Federal probation	32,816
State/local probation	3,740,808
Total estimated correctional population	6,288,600**

* Total excludes 23,907 probationers in jail, 22,758 probationers in prison, and 2,163 probationers in an Immigration and Naturalization Service holding facility.

** A small number of individuals have multiple correctional statuses; consequently, the total persons under correctional supervision is an overestimate and is rounded to the nearest hundred.

Sources: Bureau of Justice Statistics, *Prisoners in 1999*, Washington, DC: U.S. Department of Justice, August 2000; Bureau of Justice Statistics, *Probation and Parole in the United States, 1999*, Washington, DC: U.S. Department of Justice, July 2000.

Estimated number of drug offenders under Federal, State, and local supervision, 1998

	<u>Drug Offenders</u>	<u>Percent of All Inmates</u>
Federal	55,984	59% (95,323)
State	236,800	21 (1,141,700)
Jail	152,000	26 (592,462)

Sources: Bureau of Justice Statistics, *Prisoners in 1999*, Washington, DC: U.S. Department of Justice, August 2000; Federal Bureau of Prisons, *Federal Bureau of Prisons Quick Facts*, Washington, DC: U.S. Department of Justice, February 2000; Bureau of Justice Statistics, *Drug Use, Testing, and Treatment in Jails*, Washington, DC: U.S. Department of Justice, May 2000.



Drug use of sentenced Federal and State prison inmates, 1997, and local jail inmates, 1996

	Federal 1997	State 1997	Jail 1996*
Ever used drugs	72.9%	83.0%	82.4%
Ever used drugs regularly	57.3	69.6	64.2
Used drugs in the month before offense	44.8	56.5	55.0
Used drugs at the time of offense	22.4	32.6	35.6

* The percentage of jail inmates reporting having ever used drugs is for convicted and nonconvicted jail inmates; the other jail percentages are for convicted jail inmates only.

Sources: Bureau of Justice Statistics, *Substance Abuse and Treatment, State and Federal Prisoners, 1997*, Washington, DC: U.S. Department of Justice, January 1999; Bureau of Justice Statistics, *Profile of Jail Inmates 1996*, Washington, DC: U.S. Department of Justice, April 1998.

The Bureau of Justice Statistics (BJS) and the National Center on Addiction and Substance Abuse (CASA) estimate that from 60% to 83% of the Nation's correctional population have used drugs at some point in their lives; this is twice the estimated drug use of the total U.S. population (40%).

Drug use of sentenced Federal and State inmates, by gender, 1997

	Federal	State
Ever used drugs regularly		
Male	58.1%	69.3%
Female	47.2	73.6
Used drugs in the month before the offense		
Male	45.4	56.1
Female	36.7	62.4
Committed offense under the influence of drugs		
Male	22.7	32.1
Female	19.3	40.4
Committed offense to get money for drugs		
Total for male and female	16.0	19.0

Source: Bureau of Justice Statistics, *Substance Abuse and Treatment, State and Federal Prisoners, 1997*, Washington, DC: U.S. Department of Justice, January 1999.

In 1997, 82,646 and 993,365 male inmates were in Federal and State prisons, respectively, and 6,426 and 66,242 female inmates were in Federal and State prisons, respectively. Women in State prisons were more likely to report using drugs in the month before their offense (62% versus 56%). Women in State prisons (40%) were also more likely than male inmates (32%) to have committed their offense under the influence of drugs. In Federal prisons, male inmates were more likely than female inmates to report regular drug use and drug use a month before their offense. The percentage

Special conditions for adults on probation, 1995

	Severity of Offense		
	Total	Felony	Misdemeanor
Drug testing	32.5%	43.0%	17.1%
Drug/alcohol treatment	41.0	37.5	45.7

Source: Bureau of Justice Statistics, *Characteristics of Adults on Probation, 1995*, Washington, DC: U.S. Department of Justice, December 1997.

of male (23%) and female (19%) Federal prison inmates reporting drug use at the time of their offense was about equal.⁷ In 1998, 65.5% of convicted jail inmates had used drugs regularly and 16% had committed their offense to get money for drugs. More than one-third (35.6%) of jail inmates had committed their offense under the influence of drugs.⁸

BJS reports that 24% of the adults on probation in 1998 were sentenced for a drug offense, up from 21% in 1995. In 1995, almost all probationers had one or more special conditions to their probation (such as fees, fines, drug testing, drug or alcohol treatment, or community service). Of those adults sentenced with special conditions, 41% were required to undergo drug or alcohol treatment and approximately 33% were subject to mandatory drug testing.⁹

Incarceration Costs

CASA estimates that of the \$38 billion spent on corrections in 1996, more than \$30 billion was spent incarcerating individuals who had a history of drug and/or alcohol abuse, were convicted of drug and/or alcohol violations, were using drugs and/or alcohol at the time of their crimes, or had committed their crimes to get money to buy drugs.¹⁰

The average cost per year to incarcerate an inmate in the United States is \$20,674, the Federal average cost is \$23,542, and the State average is \$20,261.¹¹ Annual costs among local jail systems vary widely, from \$8,037 to \$66,795.¹²

Average cost per year to incarcerate an inmate

Federal prison (1997)	\$23,542
State prison (1998)	\$20,261 (\$8,895–\$36,526)
Local jail (1998)	\$19,903 (\$8,037–\$66,795)

Sources: Federal Bureau of Prisons, *Key Indicators/Strategic Support System*, Washington, DC: U.S. Department of Justice, October 1997; Camp, Camille G., and George M. Camp, *The 1998 Corrections Yearbook*, South Salem, NY: Criminal Justice Institute, 1999.

Criminal Justice Treatment Needs

According to the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Uniform



Facility Data Set (UFDS) 1997 Survey of Correctional Facilities, drug and alcohol counseling was available in about 40% of Federal, State, and local adult and juvenile correctional facilities. Approximately 173,000 adults and juveniles were in those substance abuse treatment programs.

The Federal Bureau of Prisons (BOP) provides drug treatment to all eligible inmates, prior to their release from custody, in accordance with the requirements of the Violent Crime Control and Law Enforcement Act of 1994. BOP operates several types of drug abuse programs: residential programs, transitional programs, nonresidential programs, and drug education programs. Residential drug treatment is generally provided in dedicated units separate from general population units for drug detoxification participants. The transitional services programs offer continued support and counseling to inmates residing in halfway houses who are making the transition from custody to society. Nonresidential programs are nonunit based, as is drug education. The number of BOP institutions offering residential treatment grew from 32 to 42 in fiscal year (FY) 1997. In FY 1998, nearly 34,000 inmates participated in BOP treatment programs.

Number of inmates in Federal Bureau of Prisons treatment programs, 1998

Program Type	Number of Inmates
Residential	10,006
Transitional	6,951
Nonresidential	5,038
Drug education	12,002

Source: Federal Bureau of Prisons, *Substance Abuse and Treatment Programs in the Federal Bureau of Prisons: Report to Congress*, Washington, DC: U.S. Department of Justice, January 1999.

State corrections officials estimate that between 70% and 85% of inmates need some level of substance abuse treatment.¹³ In approximately 7,600 correctional facilities surveyed, 172,851 inmates were in drug treatment programs in 1997, less than 11% of the inmate population. More than 13% of inmates receiving treatment were under 18 years old. Approximately 70% of inmates receiving drug treatment were treated in the general inmate population. The rest received drug treatment in specialized units (28.1%) or in hospital inpatient treatment (2%).¹⁴

Approximately 73% of local jails provide drug treatment or programs, with 32.1% providing detoxification, 29.6% providing drug education, and 63.7% providing self-help programs. About 61% of convicted jail inmates who committed their offenses under the influence of drugs or alcohol had received treatment in the past.¹⁵

Treatment Modalities

Several treatment options are available to address inmates' needs and situations in the correctional system. Therapeutic communities (TCs) are intensive, long-term, self-help, highly structured, residential treatment modalities for chronic, hardcore drug users. Pharmacological maintenance programs involve the long-term administration of a medication that either replaces the illicit drug or blocks its actions. Pharmacological applications include the following:

- ◆ Methadone: a narcotic analgesic that is an effective substitute for heroin, morphine, codeine, and other opiate derivatives.
- ◆ Naltrexone: an opioid antagonist that blocks the effects of opioids, such as heroin, thereby discouraging their use.

Case Study: The Delaware Department of Correction

The Delaware Department of Correction conducts both institutional and transitional drug treatment programs. Institutional programs, called the Key program for men and WCI Village (Women's Correctional Institute) for women, provide treatment in a therapeutic community over at least a 12-month period. The WCI Village contracts with the private sector to provide treatment services in a building on the grounds of the women's correctional facility. The coed transitional support services program, called the Crest program, provides work-release activities or a halfway house setting with drug treatment. A study of the programs indicates that abusers who participate in a combination of the

Findings of Delaware Department of Correction programs at 6- and 18-month postrelease

Comparison group	6-Month Followup		18-Month Followup	
	Drug free	Arrest free	Drug free	Arrest free
Comparison group	35%	62%	19%	30%
Key group	70	82	30	48
Crest group	85	85	45	65
Key Crest group	95	97	76	71

Source: National Institute of Justice, *A Corrections-based Continuum of Effective Drug Abuse Treatment*, Washington, DC: U.S. Department of Justice, June 1996.

programs have the most success at remaining drug and arrest free, whereas abusers who receive no treatment have the highest failure rates.



- ◆ Buprenorphine: a medication still in the experimental stage that exhibits mixed opioid-like and opioid-antagonist properties.
- ◆ Long-acting opioid maintenance compounds: drug treatments, such as LAAM (levo-alpha-acetylmethadol), that overcome the need for the daily clinic attendance that is required by methadone maintenance.

Many inmates participate in outpatient drug treatment, which includes a range of protocols, from highly professional psychotherapies to informal peer discussions. Counseling services vary considerably and include individual, group, or family counseling; peer group support; vocational therapy; and cognitive therapy. Aftercare, considered necessary to prevent relapse, typically consists of 12-step meetings, periodic group or individual counseling, recovery training or self-help and relapse-prevention strategies, and/or vocational counseling. For those needing more intensive rehabilitative services during the transition or aftercare phase, residential treatment is sometimes provided. Finally, multimodality programs offer a combination of services, including inpatient treatment, medical care, vocational training, educational enhancement for adolescents, family therapy, adult or adolescent TCs, methadone maintenance, group psychotherapy, individual psychotherapy, drug education, and stress-coping techniques.

Alternative approaches include acupuncture, an ancient Chinese medical art in which thin needles are inserted into certain points in the body to produce a change in energy flow. Most commonly, acupuncture is used for detoxification, as an adjunct to counseling, to reduce withdrawal symptoms and the physical craving for drugs.

Cost of Treatment

The goal of treatment for addicted offenders is twofold: to return a productive individual, free of addictions, to society and to reduce the expense of drug-related crime to society. The National Treatment Improvement Evaluation Study (NTIES) from the Center for Substance Abuse Treatment (CSAT) reports that the average cost per treatment episode was \$2,941 between 1993 and 1995.¹⁶ The average treatment benefit to society was \$9,177 per client. This resulted in an average savings of three to one: every \$1 spent on treatment saved society \$3. The savings resulted from reduced crime-related costs, increased earnings, and reduced health care costs that would otherwise be borne by society.

Outcomes of Treatment

BOP conducted a survey of drug treatment outcomes among inmates who were released no later than

December 31, 1995, and who completed the residential drug abuse treatment program. The survey found that only 3.3% were likely to be rearrested in the first 6 months after release, compared with 12.1% of inmates who did not receive treatment. Similarly, among those who received treatment, 20.5% were likely to use drugs in the first 6 months after release. In the group without treatment, 36.7% used drugs during postrelease.¹⁷

Alternatives to Incarceration

Created in the early 1970s, the Treatment Accountability for Safer Communication (TASC) program has demonstrated that the coercive authority of the criminal justice system can be used to get individuals into treatment and to manage drug-abusing offenders safely and effectively in the community. TASC's objective is to provide a bridge between the criminal justice system and the drug treatment community. Through TASC, some drug offenders are diverted from the criminal justice system and into community-based supervision, others receive treatment as part of probation, and still others are assigned to transitional services as they leave an institutional program. Community-based treatment and rehabilitation services are provided in concert with criminal justice sanctions and procedures that reinforce each other. TASC then monitors the client's progress and compliance, including expectations for abstinence from drugs, employment, and improved personal and social functioning. The progress of the individual in treatment is reported to the referring criminal justice agency.¹⁸

Another promising alternative to incarceration is the drug court. Supervised by a sitting judge, a drug court is an intensive, community-based treatment, rehabilitation, and supervision program for drug defendants. The drug court movement, which began in Miami in 1989, has now expanded to all 50 States, the District of Columbia, Puerto Rico, Guam, and 2 Federal districts. The Drug Court Survey conducted by the American University Drug Court Clearinghouse reports that, as of October 2000, more than 1,050 drug courts are either operational or in the planning stage. The States with the most drug court programs include California (142), Florida (65), New York (63), Ohio (49), and Oklahoma (32).¹⁹

Studies have shown that drug use by participants involved in a drug court program is very low. The percentage of clean drug tests for current drug court participants in a survey of 14 drug courts ranged between 84% and 98%. The percentage of drug court participants who are rearrested while they are in a drug court program is also very low. A national survey of drug courts, sponsored by the U.S. Department of Justice (DOJ), found rearrest rates fell between 2% and 20% for drug court participants. Of those graduates who were rearrested, less than 3% were arrested for a



violent offense, and of those, most were misdemeanors. The majority of rearrests were for new drug possession violations or traffic violations.²⁰

When compared with other offenders, drug court participants also have lower recidivism rates, even if they do not complete the program. A study of the Maricopa County Drug Court in Arizona found that after 36 months, 33.1% of drug court participants had been rearrested, compared with 43.7% of the control group. Findings were similar in a study of the Wilmington, Delaware, Drug Court. Drug court participants and a comparison group were followed for 12 months. One-third (33.3%) of the drug court participants were recidivists, compared with more than one-half (51.1%) of the control group.²¹

Drug courts have demonstrated the potential to save funds. Jail and prosecutorial costs can be reduced and other costs can be avoided when a defendant is successfully diverted from the traditional system. For example, the drug court operating in Washington, D.C., has reported that a defendant processed through a drug court saves the District between \$4,065 and \$8,845 per client in jail costs; prosecution costs are also reduced by an estimated \$102,000, annually.²²

Conclusion

Drug abuse among correctional populations is a pervasive problem affecting between 60% and 80% of offenders under supervision. By requiring drug testing at the State and Federal levels, providing models of successful drug treatment programs, providing financial support for research and prevention, and looking to the future for a long-term commitment, the Federal Government will provide the basis for effective treatment programs for offenders to become productive, positive members of society.

Notes

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